AN ESSAY ON

Pulmonalis Tuberculosis.

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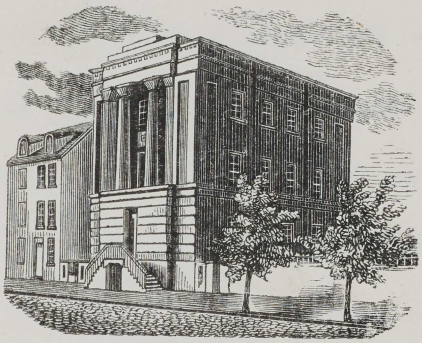

HOMŒOPATHIC MEDICAL COLLEGE

OF PENNSYLVANIA,

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Pulmonalis Tuberculosis.

Its Diagnosis, Pathology and Treatment.

Pulmonalis Tuberculosis, as its name implies, is a deposition of Tubercles in the lungs. It is a disease so rife in its existence, insidious in its attack, and deleterious in its nature, that many are the individuals who fall victims to this formidable malady. A disease common to both sexes and all ages, though the earlier periods of life render one more obnoxious to its influence than adolescence or old age. So imperceptibly does this harbinger imprint death upon its unfortunate sufferers, that scarcely does the child cease its

agile progressions; or the adult despair of resuming his physical strength and beauty, or relinquish his ambition; or the aged man quietly given up, earthly pursuits and resigned himself to an immutable law, ere the angels are prepared to awaken their celestial notes, and to remove the stone from the door of the sepulchre.

Among the earliest symptoms of this disease, may be enumerated cough, shortness of breath, debility and emaciation.

Cough, though ranked as a precursor, is not always a concomitant symptom in this affection. Thus, in rare instances the irritation in the lungs is so slight that the disorganized structure is removed by the process of absorption, thereby pursuing the patient with the consumption

of an irksome task of expulsory effort. But too generally, the strength of the patient is exhausted, and there is impending suffocation from the paroxysms of coughing.

The person will complain of shortness of breath on any considerable exertion, which may be attributed to the retarded Pulmonary circulation, consequent upon the diminished capacity of the lungs, resulting from the presence of Tubercles, and by the enfeebled action of the respiratory muscles.

Debility and emaciation are early symptoms in this disease, and mark the degree of vital energy which cannot otherwise than be of a low grade, from an established imperfection in the sanguin-

iferous system – the albumen of the blood being inconvertible to fibrin.

There are also other symptoms of equal importance with those already enumerated; Such as frequent and quick pulse; dry cough, or cough with catarrhal expectoration; haemoptysis – though not an infallible symptom; dulness on percussion, or preternatural resonance, according as the Tubercles are in their crude state, or are advanced to ulceration, including that portion of the lungs containing them; want of symetry in the respective sides of the chest; and a depression in the supra-clavicular region.

In proceeding to a description of the history of the disease, we observe

at the onset or first stage of the affection, that the cough alluded to is dry and hacking, occurring particularly in the morning. And subsequently to this, an Expectoration containing a little blood. The countenance is pale, the eyes are white and large and there is a little shortness of breath. The pulse as an additional symptom, is somewhat accelerated. — This series of symptoms belongs to but one disease.

Haemoptysis, if such there be in this stage, is attributable to a diminution of tone in the capillaries of the mucous membrane lining the trachea, bronchial tubes and air vesicles. — These symptoms are marked indications of the

presence of Pulmonary Tubercles and the irritation consequent upon them.

In the second stage there is profuse expectoration and considerable emaciation which denote the disorganization of the lungs consequent upon the ulceration of the Tubercles. Night sweats supervene, and in all probability the patient is affected, in a greater or less degree, with haemoptysis; the former of which is symptomatic of a diminution in the tone of the capillaries of the cutis vera; the cause of the latter has been heretofore described. Though in serious forms it may be caused by actual disorganization of the texture of the lungs, involving vessels of some magnitude.

But if hemorrhage has not occurred

the patient has doubtless had a cough for six months or more, and expectorates six or eight ounces, - or it may be a half of a pint per day. The expectoration is opaque and of a viscid yellow color, mixed with saliva; - and like the old woman's indigo when put into water, it may sink or swim. In some instances crude Tubercles have been expectorated which, resemble bits of cartilage.

The patient is habitually pale, and his appetite may be good or there may be partial anorexia, or capriciousness of appetite. And in the third or last stage, he may be, and generally is, very much reduced in flesh and scarcely able to go about. The eyes are sunken; there is hectic fever; and the expectoration is

very much augmented and of a different color – it being more of a leaden hue. It may also possess a pink color with a fetid odor. This is pus coming away from a cavity. A knowledge of the nature of this expectoration at different periods of the disease, is important in as much as it enables us to decide of the stage of the affection – or what is the same – the condition of the lungs, with as much accuracy as by percussion of the chest.

The deposition of the Tubercles is upon the free surface of the mucous membrane lining the cavity of the air-vesicles of the lungs, which may go on until these vesicles are filled. And as this heterologous substance develops itself in several neighboring cells, there will be formed a

Tubercular mass which, while it remains crude and inflicts no irritation upon the lungs, may there exist with comparative impunity. But the moment it sets up an irritation, the surrounding portion of the lungs is inflamed, a part of which is involved in the ulceration of the Tubercles, thereby diminishing the capacity of these organs.

The most frequent site of Tubercles in the lungs, is in their superior lobes or apices. And this locality is invariably their primary seat of development, and determines the first stage of the disease; while the subsequent involution of the middle and inferior lobes, characterize the second and third stages.

It is a curious fact that the left portion of the lungs is much more obnoxious to Tuberculous disease, than the right, - in the proportion of 2 to 1. But the site which Pneumonia selects in these organs, is directly the converse of this.

The next question arising in reference to this disease is, is Pulmonalis Tuberculosis curable? Is Consumption curable? We answer in the affirmative. It is sometimes curable if taken in the first stage. Yes, and what is more, cases have been cured when commenced with in an advanced stage - under proper treatment. Illustrative and corroborative of this assertion is the case of Dr Barwick of Cambrick, Mass., whose recovery from Pulmonalis Tuberculosis during his younger

days, was despaired of by his Physicians. But fortunately he recovered from the malady and lived many years, when they denounced the idea that he had had this disease, and concluded that it must have been Bronchitis - as they considered the former disease incurable. But when he died, his son who was a Physician, held an Autopsy, and found cicatrices in the lungs where there had been cavities from ulceration.

The Treatment of this affection, notwithstanding that it is deserving of much moment from its formidability, is, nevertheless, in part very simple. The patient should breathe pure, fresh air, take out-door exercise if possible, either active or passive, - the latter on horseback

if practicable, — and live high. That is he should, plain, simple, nutritious, hearty food; such as beef-steak, potato and farinaceous articles of diet in which the cook has added no lard or condiments. Live above the disease.

In regard to Therapeutics, it may be considered sufficient to enumerate the paramount remedies, together with their more prominent indications; as a complete account of the characteristics of all the medicines that may deserve consideration in the treatment of this disease, would require a lengthy treatise.

The following is the list of remedies most applicable in the first stage of this disease: Aconitum, Bryonia, Belladonna, Phosphorus, Sulphur, Hepar, Pulsa-

Silla, Millefolium, Nux vom, Calcarea carb, Lachesis and Acidum nitricum.

Aconitum. — Shortness of breath and accelerated pulse. Short, dry cough; cough with mucus or sanguineous expectoration; and cough with titillation in the larynx.

Bryonia. — Morning cough; dry cough with pain, pressure, soreness or titillation in the scrobiculus cordis; coughing with pressure in the head; painful cough with scraping or roughness in the larynx. Constipation. A sensation of burning in the chest. Hurried respiration. Stitching pains in the chest, extending through to the scapulae; and lancinating pains in the region of the clavicle.

Belladonna. — Hoarseness and aphonia.

Night cough with rattling; and expectoration of bloody mucus. Labored breathing and burning in the chest with stitches behind the sternum. Headache, especially in the forehead with a sensation of heaviness in the head. Dulness in the head; mental weakness, and dilatation of the pupils.

Phosphorus.—Dry, hollow cough, worse at night; cough with expectoration of mucus; hacking cough with roughness in the larynx and trachea. Hoarseness. Darting pains in the chest, and intolerable pains in the back. Crepitant rale, and gurgling in the lungs.

Sulphur.— Applicable in cases of pre-existing dyscrasia. Dry cough with hoarseness, or loose cough with mucus or pressure,

or rattling in the chest. Breating deep in the chest. Stitches in the stomach or chest extending to the back.

Hepar.— Paroxysms of dry cough in the evening; cough, day and night; and short cough, dry and painful.

Pulsatilla.— Deranged digestion; and suppressed menstruation.

Millefolium.— Haemoptysis.

Nux vom.— Dry cough; and cough occasioning headache. Constipation of the bowels.

Calcarea carb.— Dry cough after midnight, exciting the heart's action. Palpitation of the heart. Cough with expectoration of yellow mucus. The breath becomes short when ascending a flight of stairs. Tenderness of the chest. Enlarge-

ment and hardness of the abdomen, particularly in children, with swelling of the mesenteric glands.

Lachesis. – Dry cough; cough with difficult, yellow expectoration; cough occasioned by titillation in the larynx, or titillation low down in the chest.

Acidum nitricum. – Feverish heat with quick pulse; unequal pulse. Night sweats; fetid sweat. Painful swelling of the axillary glands. Formation of ulcers in the throat. Diarrhoea.

The most important remedies in the second stage, in which the expectoration is more copious and purulent, are Acidum nitricum, Sulphur, Calcarea carb., Phosphorus, Hepar, Silicea, Mercurius vivus, Carbo. veg., Cinchona and Iodinum.

Cinchona.— This remedy is of much utility when there has been a loss of fluids; and also when there is restlessness.

Jodium.— Violent difficulty of breathing. Dry cough — or cough with muco-sanguineous Expectoration.

Silicea.— Excessive cough with expectoration of translucent mucus. Vomiting of quantities of purulent matter when coughing.

Mercurius vivus.— Shortness of breath. Burning sensation in the chest, extending to the throat. Swelling of the cervical glands. Asthma.

Carbo veg.— Cough causing nausea, retching and vomiting; cough with Expectoration of green mucus, or yellow pus. Languid venous circulation.

In the Third or ulcerative stage, the remedies most employed, are Arsenicum, Phosphorus, Cinchona Carbo veg., Mercurius vivus, Acidum nitricum, Sulphur and Lachesis.

Arsenicum.— Burning in the palms of the hands and soles of the feet. Hectic fever. Bloatedness of the face and edema of the ankles.— This remedy and Phosphorus are the most efficacious in controlling colliquative night sweats, and colliquative diarrhoea.

Oleum jecoris aselli is an article that has been much lauded for its remedial virtues in the Treatment of Pulmonalis Tuberculosis. But recent investigations have proved its efficacy to result more from the nutritive

properties it contains, than from any medicinal action. Therefore it should more properly be included in the subject of regimen.

For the characteristics of remedies enumerated in the list as being applicable in the second stage, that have not their indications there given, refer to the indications given of them in the Treatment in the first stage. For those of the third, to the first and second stages.